

**AUTHORIZATION AGREEMENT FOR AUTOMATED PAYROLL DEPOSITS**

I hereby authorize Washington County Treasurer to initiate deposit entries and to initiate, if necessary, any adjustments for any deposit entries in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to deposit to such account.

This authority is to remain in full force and effect until the Washington County Treasurer and FINANCIAL INSTITUTION receive written notification from me (or either of us) of its termination in such time and in such manner as to afford the Washington County Treasurer and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_

**PRIMARY ACCOUNT:**

Name of Financial Institution: \_\_\_\_\_

\*Financial Institution's Routing Number: \_\_\_\_\_

\*Employee's **Checking/Savings** Account#: \_\_\_\_\_  
(Circle one)

Amount: \_\_\_\_\_

Name on Account: \_\_\_\_\_  
(Please Print)

**ADDITIONAL ACCOUNT:**

Name of Financial Institution: \_\_\_\_\_

\*Financial Institution's Routing Number: \_\_\_\_\_

\*Employee's **Checking/Savings** Account#: \_\_\_\_\_  
(Circle one)

Amount: \_\_\_\_\_

Name on Account: \_\_\_\_\_  
(Please Print)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Attach **VOIDED** check here. (A voided check will show the Financial Institution's Routing Number as well as the Employee's Account #) If you do not attach a voided check, **PLEASE VERIFY THAT ALL NUMBERS ABOVE ARE WRITTEN DOWN CORRECTLY!**